

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035437

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

207

Primary Registration District No.

Registrar's No.

29

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Maries

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only)

Burril (Belle) (Belle)

Length of stay in 1b

18 yrs

c. FULL NAME OF (If NOT in hospital, give location)

AT home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Maries

c. CITY OR TOWN

Burril (Belle)

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

South Belle - Mo. Highway 28

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Henry

Middle

Last Schierloh

4. DATE OF DEATH

Month

Day

Year

Sept 7 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

Sept 27 - 1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Working

10b. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (City and state or country)

Paine - Ill

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Friedrich Schierloh

13b. MOTHER'S MAIDEN NAME

Caroline Kastrup

14. NAME OF HUSBAND OR WIFE

Louise (Schmeyer) Schierloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

-

17. INFORMANT

62 Mrs Schierloh - Belle - Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC Arrest -

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARDIAC ANOXIA -

1 week

DUE TO (c)

CORONARY INSUFFICIENCY

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CARCINOMA OF Prostate -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20f. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-28-58 to 9-5-62 and last saw him alive on 9-5-62

Death occurred at 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. Fiedler

22b. ADDRESS

Bland, Mo

22c. DATE SIGNED

9-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

(Burial)

23b. DATE

Sept 10 - 1962

23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

23d. LOCATION (City, town, or county)

Belle - Mo

23e. (State)

MO

24. FUNERAL DIRECTOR

Guthrie - Belle - Mo

25. DATE RECD. BY LOCAL REG.

9-11-1962

26. REGISTRAR'S SIGNATURE

Mozelle Hutchinson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles Sussman

Licensed Embalmer No.

4178

P. O. Address

Blond - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.